

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590288

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
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16							66						
17							67						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

Handwritten notes: In the first table, a vertical line is drawn through the 'AFTER 1st AMENDMENT' and 'AFTER 2nd AMENDMENT' columns for rows 1 through 17. In the 'TOTAL DEP.' row of the first table, the number '16' is written. In the 'TOTAL CLAIMS' row of the first table, the number '17' is written. In the second table, arrows point down in the 'TOTAL IND.' and 'TOTAL DEP.' rows, and arrows point left in the 'TOTAL CLAIMS' row.